

## CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2						
3		/				
4		/				
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44		/				
45		/				
46		/				
47	/					
48		/				
49						
50						
Total Indep	5					
Total Depend	41					
Total Claims	46					